TRA STD. 262	A (REV.	EXPENSE CLAIM				tructions nent On R	Reverse	Side		Page	DEGART	of		Pages
	nts Name Naziar	Movassaghi						NUMBER*			DEPART Toxic	Substa	nces C	ontrol
POSITIO A		Director		CB/ID N		Ex		e Offic	e				INDEX NU	000
RESIDE	NCE ADDR	ESS*				1	OO1 I							
						CITY	acram					STATE CA		21P CODE 95814
(1) MONTH		(3)	(4)	(5)	MEALS		(6)	(7)	·	ANSPORTATI	ON		(8)	(8)
<u>Apr</u>	il 09	LOCATION WHERE EXPENSES	LODGING	BREAK-		0.T., L/T, N/C, RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVAT	(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES
DATE	TIME	WERE INCURRED		FAST	LUNCH	DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	'AMOUNT		FOR DAY
4/14	15:15	Office to Monterey	92.90		·	18.00			sc	18.91				129.81
··		Speaker: Fort Ord Du	nes State I	Part Ope	ening Ce	lebration								
4/15		Monterey to Santa Cruz		10.00	18.00				sc			,		40.00
		To Santa Cruz for discu	ission on S	SSFL wi	th Dan I	lirsch								
4/15	21:30	Arrive at Residence												
										· ,				
	· .													
													·	
										·	٠.			
(10)	SU	BTOTALS	98.90	10.00	18.00	24.00				18.91				169.81
	CL	AIM TOTAL												\$169.81
(11) P	URPOSE	OF TRIP, REMARKS AND DETAILS (Alle	ich receipts/vo	uchers wher	required)					•		• • • •		
		K HOURS DOA		· WORK			_				<i>:</i>	. AMOUNT	· · · · · · · · · · · · · · · · · · ·	OTAL

(12) NORMAL WORK HOURS	PCA	PROJECT	PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	TOTAL
8:00 am - 5:00 pm	95080		1	292	150.90	293	18.91		·			\$169.81
(13) PRIVATE VEHICLE LICENSE No.								· 	,			
					,							
(14) MILEAGE RATE CLAIMED					·							
/mile												
AGENCY ACCOUNTING					,					<u> </u>		
OFFICE USE ONLY						·	ļ					
PAID BY REV. FUND CHECK No.					<u> </u>							
,			1	<u> </u>						<u> </u>		
		TOTALS			150.90	<u> L</u>	18.91	· .	<u> </u>		 	\$169.81

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seal belt usage.

DATE 4/21/09 on reverse)' DATE / 21/09

STATE CA (D) VATE CAR USE S AMOUNT	(8) BUSINESS EXPENSE	CONTROL MBER 5000 NE NUMBER 2IP CODE 95814 (9) TOTAL EXPENSES FOR DAY 6.00 9.00
STATE CA (D) VATE CAR USE	(8) BUSINESS EXPENSE	OMBER 5000 INE NUMBER 2IP CODE 95814 (9) TOTAL EXPENSES FOR DAY 6.00
(D) VATE CAR USE	(8) BUSINESS EXPENSE	2IP CODE 95814 (9) TOTAL EXPENSES FOR DAY 6.00 9.00
(D) VATE CAR USE	(8) BUSINESS EXPENSE	2ip code 95814 (9) TOTAL EXPENSES FOR DAY 6.00 9.00
(D) VATE CAR USE	BUSINESS	95814 (9) TOTAL EXPENSES FOR DAY 6.00 9.00
(D) /ATE CAR USE	BUSINESS	(9) TOTAL EXPENSES FOR DAY 6.00 9.00
VATE CAR USE	BUSINESS	6.00 9.00
VATE CAR USE	EXPENSE	6.00 9.00
S AMOUNT		9.00
		9.0
		9.0
		90.7
		15.0
		
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		#120 T
	1	\$120.72
		•
THUOMA OA	т 1	OTAL
		\$120.72
- 		
		·
	•	\$120.72
y owned vehicle v		
by SAM Sections	DATE	, /
	ly owned vehicle	ly owned vehicle was used, and if by SAM Sections 0750, 0751, 075